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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/234,273 09/04/2002 ABN
 which is a CON of 09/931,680 08/16/2001 PAT 6,468,968
 which is a CON of 09/552,634 04/19/2000 PAT 6,306,825
 which is a CON of 09/350,560 07/09/1999 ABN
 which is a DIV of 09/047,056 03/24/1998 PAT 5,977,066
 which is a DIV of 08/471,301 06/06/1995 PAT 5,759,997
 which is a CON of 08/163,193 12/06/1993 PAT 5,639,724
 which is a CON of 07/940,119 09/03/1992 ABN
 which is a CON of 07/822,375 01/17/1992 ABN
 which is a CON of 07/481,082 02/16/1990 ABN

[Signature]

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 8903804.6 02/20/1989

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 0	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
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ADDRESS
 001095
 NOVARTIS
 CORPORATE INTELLECTUAL PROPERTY
 ONE HEALTH PLAZA 430/2
 EAST HANOVER, NJ
 07936-1080

TITLE Novel cyclosporin galenic forms		
FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit